

**Abstract 690**

**TITLE:** Effectiveness of Oral Mucosal Transudate HIV Testing: Findings from Michigan's Evaluation

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**BACKGROUND/OBJECTIVES:** The Michigan Department of Community Health implemented HIV testing, using oral mucosal transudate (OMT) technology, in community-based settings in March 1997. Implementation of OMT-based HIV testing was intended to enhance access and acceptability of HIV testing in at-risk populations. An evaluation of the OMT initiative was undertaken to assess: (1) the extent to which OMT technology increased use of HIV testing among at-risk populations and (2) cost-effectiveness of OMT-based testing.

**METHODS:** In-depth interviews with clients and providers were conducted to obtain descriptive information related to the context in which HIV testing services are offered; client preferences related to HIV counseling and testing services, including perceived disincentives to use of such services and provider preferences related to HIV counseling and testing services. Analysis of data included comparisons of settings and client/provider preferences for OMT and serum-based testing. HIV testing service data was analyzed for patterns in utilization among priority populations. Analysis included comparison of OMT and serum-based testing. Cost-effectiveness of OMT testing was estimated for the number of HIV+ and HIV- individuals who learned their HIV serostatus.

**RESULTS:** Of approximately 60,000 tests conducted annually in Michigan, approximately 25 percent are now conducted using OMT technology. Among clients tested using OMT, one percent are found to be HIV infected compared with 0.5 percent of those tested using serum-based technology. Among all clients tested using OMT, three-quarters are a high-risk @ (e.g. MSM, IDU and sex partners to at-risk/infected individuals) compared with one quarter of individuals tested using serum. Use of HIV testing services increased by 150 percent among IDUs, 60 percent among African Americans and 30 percent among Latinos. Overall, 75 percent of clients tested using OMT returned for test results compared with 65 percent of those tested using serum. There was no difference return rate according to testing method among HIV seropositive individuals. OMT-based testing for HIV seropositives costs approximately \$34.46 compared with \$31.62 for HIV seropositives tested using serum. The cost of OMT-based testing for seronegatives is \$16.16 compared with \$17.22 for seronegative individuals tested using serum. Because the majority of tests conducted with OMT are HIV seronegative, OMT results in a substantial cost-savings compared with serum-based testing.

**CONCLUSIONS:** OMT has facilitated provision of prevention services in community-based settings. Use of OMT-based testing has effectively addresses client preferences for HIV testing and removed practical disincentives to HIV testing in priority population. OMT is a cost-effective method of providing HIV counseling and testing services.

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